

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-100 (r. 8/27/2015)		ORDER		CASE NO.: 2019-16413 <i>By Court Svc</i>	
		<input type="checkbox"/> JUDGMENT <input checked="" type="checkbox"/> APPROVING SETTLEMENT		VICINAGE: Newark <input checked="" type="checkbox"/>	
NAME: <b>SONYA ROYSTER</b>		FEDERAL EMPLOYER NUMBER			
REDACTED		NAME: <b>JONATHAN H. ROSENBLUTH, ESQ.</b>			
PF: 380 WATSESSING AVENUE BLOOMFIELD, NJ 07003		ADDRESS: 76 SOUTH ORANGE AVENUE, SUITE 105 SOUTH ORANGE, NJ 07079			
vs		TELEPHONE NUMBER (AREA CODE): 973-761-5333			
RESPONDENT NAME: <b>BAYADA HOME HEALTH CARE</b>		APPEARING: <b>JONATHAN H. ROSENBLUTH, ESQ.</b>			
ADDRESS: 160 EAST MAIN STREET, SUITE B LITTLE FALLS, NJ 07424		NAME: <b>GALLAGHER BASSETT SERVICES</b>			
RESPONDENT NAME: <b>WEBER GALLAGHER</b>		ADDRESS: P.O. BOX 1508 MOUNT LAUREL, NJ 08054			
ADDRESS: 1 CROSSROADS DRIVE, SUITE 102A BEDMINSTER, NJ 07921		CLAIM NUMBER: 004109-020991 WC 01			
TELEPHONE NUMBER (AREA CODE): 973-241-2706		DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: 04/11/2018			
APPEARING: <b>RICHARD D. ARNOLD, ESQ.</b>		DESCRIBE (Briefly): PETITIONER FELL IN POTHOLE INJURING HER RIGHT ANKLE.			
ADMINISTRATIVE DISMISSEALS (List Other Insurance Carriers to be dismissed from case, without prejudice):					
Weekly Wages: <u>\$ 341.41</u> Rate(s): <u>\$ 241.00</u> / <u>\$ 235.49</u>					
IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:					
Date: _____ Award: _____ Permanent Paid: <u>\$</u> _____ Temporary Paid: <u>\$</u> _____					
THIS MATTER HAVING COME BEFORE THE COURT ON THIS <u>22</u> DAY OF <u>January</u> , <u>2021</u>					
<input type="checkbox"/> ORDER FOR JUDGMENT It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent: It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Page 2.					
<input checked="" type="checkbox"/> ORDER APPROVING SETTLEMENT The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; It is Ordered that this settlement be approved and the petitioner be paid as indicated on page 2.					
PERMANENT DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved): 30% of RIGHT FOOT <input checked="" type="checkbox"/> LESS 7.5% FOR A PRE-EXISTING INJURY. SPRAIN AND STRAIN OF THE RIGHT ANKLE WITH TORN ANTERIOR TALOFIBULAR LIGAMENT WITH INSTABILITY STATUS POST RIGHT ANKLE ANTERIOR TALOFIBULAR LIGAMENT REPAIR AND TARSAL TUNNEL RELEASE WITH RESIDUAL SYNOVITIS WITH LOSS OF RANGE OF MOTION.					



State of New Jersey  
Department of Labor and Workforce Development  
Division of Workers' Compensation  
WC-100 (r. 8/18/15)

## ORDER

Case No.: 2019-16413

 JUDGMENT APPROVING SETTLEMENT

Vidnage: NEWARK

## DISABILITY AWARDED:

TEMPORARY: weeks at \$ = \$ less \$ paid = Balance due \$

PERMANENT: 66.750 weeks at \$ 236.99 = \$ 15,852.58 less \$ paid = Balance due \$ 15,852.58

 Bonafide Voluntary Tender Non Bonafide Voluntary Tender Reopener Credit N.J.S.A 34:15-40 Other

## MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:

Adequate as paid.

<input type="checkbox"/> ORDER FOR CHILD SUPPORT	<input type="checkbox"/> MEDICARE ADDENDUM ATTACHED	<input type="checkbox"/> ADDENDUM ATTACHED			
ALLOWANCES	REIMBURSE	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Medical Fee Allowed: (report and/or testimony) DR. KULKARNI OF SALLMYERS		223368976	600.00	300.00	300.00
Interpretar:					
Attorney(s) Fee: JONATHAN H ROSENBLUTH ESQ			3190.00	1676.00	1517.00
Stenographic service: GUY J RENZI & ASSOCIATES INC		223120096	74.00		74.00
Miscellaneous Fees: (list below) REIMBURSEMENT TO JONATHAN ROSENBLUTH FOR MEDICALS			150.00	150.00	

This Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction.  
WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER  
AND ACKNOWLEDGE RECEIPT OF COPY

JONATHAN H ROSENBLUTH ESQ, Attorney for Petitioner

PETITIONER

WEBER GALLAGHER SIMPSON STAPLETON, Attorney for Respondents

THE COURT FINDS THIS SETTLEMENT FAIR AND JUST.

PHILIP TORNETTA  
JUDGE OF COMPENSATIONDATE  
1-22-06THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF  
COMPENSATION WILL BE MAINTAINED ON FILE IN THE DIVISION OF  
WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 d(8c).

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381	<b>EMPLOYEE CLAIM PETITION</b>	Case No.: _____ Vicinage: _____ _____ _____
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<b>REDACTED</b>	
<input type="checkbox"/> SSN is Not Available	
<b>PETITIONER</b> NAME: SONYA ROYSTER	
ADDRESS: 380 WATSESSING AVENUE BLOOMFIELD, NJ 07003	
DATE OF BIRTH: 08/23/1965	SEX: Female
<input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.	

<b>REDACTED</b>	
<b>ATTORNEY FOR PETITIONER</b>	
NAME: JONATHAN H ROSENBLUTH ESQ	
ADDRESS: 76 SOUTH ORANGE AVE SUITE 105 SOUTH ORANGE, NJ 07079	
TELEPHONE NUMBER: (973) 761-5333 Ext.	FAX NUMBER: (973) 761-0456

<b>EMPLOYER</b>	
<b>VS.</b>	
NAME: BAYADA HOME HEALTH CARE	
IF EMPLOYER IS KNOWN BY DIFFERENT NAME PLEASE INDICATE HERE: _____	
ADDRESS: 163 EAST MAIN STREET, SUITE B LITTLE FALLS, NJ 07424	
INDICATE THE STATUS OF THE EMPLOYER: INSURED	
<input type="checkbox"/> Individual corporate officers or others are also named as respondent(s). See supplemental page for details.	

<b>INSURANCE CARRIER / TPA</b>	
NAME: GALLAGHER BASSETT SERVICES	
ADDRESS: P.O. BOX 1508 MOUNT LAUREL, NJ 08054	
CARRIER CLAIM NUMBER: 004109-020991 WC 01	
<input type="checkbox"/> See supplemental page for additional carriers	

**TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:**

Date of Accident or Last Exposure: 04/11/2018	Occupational Disease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Occupational Disease Give Periods of Exposure:		
Where Injury Occurred (incl. town and county): 99 Gregory Avenue, Passaic, Passaic County, New Jersey.		How Injury Occurred: Petitioner was getting patient out of car and stepped off the curb and into a pothole.		
DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully: Torn right ligament in right foot/ankle.				
Date Stopped Work: 02/28/2019	Date Returned to Work:	Date Injury Reported: 04/11/2018	Injury Reported To Whom: Sarah, Scheduling Coordinator	Occupation and Type of Work: Nurse
Gross Wages:	Wage Period: Weekly	Rate of Temp. Comp.:	Weeks of Temp. Disability Paid:	Temporary Disability Paid:
Permanent Disability Paid:				
Employer Furnished Medical Aid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(f)]  
 Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.[N.J.A.C.12:235-3.8(c)]

**ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY?**

YES  NO

**WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?**

YES  NO

**DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY?**

YES  NO

What other facts are there that you believe important?

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY?

YES  NO

YOU ARE ADVISED THAT MEDICARE PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAYED IN ACCORDANCE WITH 42 U.S.C.A. § 1395y AND 42 C.F.R. § 411, ET SEQ., AND THAT PROPOSED SETTLEMENTS FORECLOSING FUTURE MEDICAL BENEFITS RELATED TO THE WORK INJURY SHOULD ALSO COMPLY WITH THESE FEDERAL STATUTES AND REGULATIONS.

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?

YES  NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY?

YES  NO

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE WORK INJURY ARE TO BE REPAYED IN ACCORDANCE WITH N.J.S.A. 30:4D-1, ET SEQ.

In occupational disease claims, list claims against other employers filed or to be filed for the same or similar occupational diseases:

Name and Address of Employer	Dates of Employment

Petitioner therefore requests that the Division of Workers' Compensation determine the amount of compensation due Petitioner from said Respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that Petitioner may be awarded Petitioner's costs in this proceeding, and such other relief or further as may be proper.



Petitioner

STATE OF NEW JERSEY  
COUNTY OF

Subscribed and sworn or affirmed  
to before me this 11 day of  
June, 2019



This Claim Petition has been presented by the Petitioner to the Division of Workers' Compensation for hearing and determination. Unless and Answer is filed within 30 days of the date of service of the Claim Petition upon you, with the assignment clerk at the vicinage to which the claim is assigned as indicated on the reverse side, and a copy served upon the Petitioner's attorney, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

The Privacy Act, 5 U.S.C. §552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security Number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

DIVISION OF WORKERS' COMPENSATION